

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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24						
25						
26						
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	1					
34	1					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	1					
45	2					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	11					
TOTAL DEP.	36					
TOTAL CLAIMS	89					

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54		1				
55		1				
56	1					
57		1				
58						
59		1				
60		1				
61		1				
62	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						